


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2007 08:00 A**  
**Secretary of State**


**DOCUMENT # S22992**

1. Entity Name  
**RITA TEMPORARIES, INC.**



Principal Place of Business <b>5150 S FLORIDA AVE          P O BOX 6955 BLDG B          LAKELAND, FL 33807 US</b>	Mailing Address <b>PO BOX 6955          LAKELAND, FL 33807 US</b>
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**DO NOT WRITE IN THIS SPACE**



02222007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3040716</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**DAYVAULT, MARTHA S.  
 5150 S FLORIDA AVE  
 LAKELAND, FL 33813**

**DO NOT WRITE IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

000000649919  
 03/07/07-80071-012 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAYVAULT, MARTHA S. 5328 GLENMORE DR LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HAMES, SUSAN D 914 SUCCESS AVENUE LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAYVAULT, JAMES C. 5328 GLENMORE DR LAKELAND, FL 33813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP HAMES, J. RICHARD JR 914 SUCCESS AVE LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *James C Dayvault* **JAMES C DAYVAULT** **2/22/07** **863-646-5021**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #